

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-016641

STATE FILE NUMBER

Registration District No. **383** Primary Registration District No. **5655** Registrar's No. **255**

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10550

211002

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94200A

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1293-0

135-0

DATE AMENDED
5/9/63

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

18 Pt. II Pulmonary Tuberculosis

DOCUMENT

BY AFFIDAVIT OF Attending physician

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mount Vernon		Length of stay in lb 292 days	c. CITY OR TOWN Blackwell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri State Sanatorium		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Star Route
3. NAME OF DECEASED (Type or print) First Elvira Middle Sampson Last Sampson		4. DATE OF DEATH Month April Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-28-87
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 75
11a. FATHER'S NAME Thomas B. Merseal		11b. MOTHER'S MAIDEN NAME Julie M. Merseal	12. CITIZEN OF WHAT COUNTRY United States
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Mo. State San. Mt. Vernon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Diabetes Mellitus for 20 years - Pulmonary Tuberculosis			INTERVAL BETWEEN ONSET AND DEATH 4 months several yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus for 20 years - Pulmonary Tuberculosis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7:50 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION Richwoods, Mo.		20f. COUNTY Washington STATE Missouri	
21. I attended the deceased from 6-29-62 to 4-21-63 and last saw her/him alive on 4-21-62 Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) St. Stephens Langeluthy, M.D.	
22b. ADDRESS Mo. State San. Mt. Vernon, Mo.		22c. DATE SIGNED 4-21-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 25, 1963	23c. NAME OF CEMETERY OR CREMATORY St. Stephens	23d. LOCATION (City, town, or county) (State) Richwoods, Mo.
24. FUNERAL DIRECTOR Donald Sparks		25. DATE RECD. BY LOCAL REG. 4-27-63	26. REGISTRAR'S SIGNATURE Ray Lanthorn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ronald Sparks

Licensed Embalmer No.

4819

P. O. Address

Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.